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CONFIRMATION NO. 6430

<b>SERIAL NUMBER</b> 10/721,272	<b>FILING OR 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 549	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> Q77923
<b>APPLICANTS</b> Alangudi Sankaranarayanan, Ahmedabad, INDIA; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/408,276 04/08/2003 which claims benefit of 60/370,224 04/08/2002 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/26/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u>✓</u> Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> INDIA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 60
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 23373				
<b>TITLE</b> Novel compounds and therapeutic uses thereof				
<b>FILING FEE RECEIVED</b> 1490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	